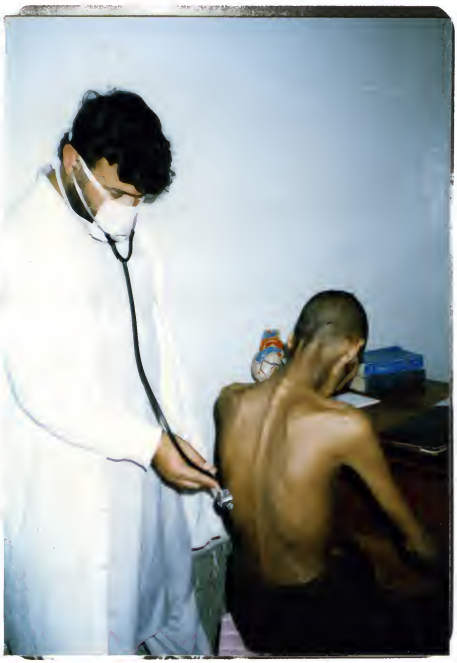
ANTI TUBERCULOSIS ASSOCIATION AFGHANISTAN PROGRAM (ATA/AP)



ANNUAL REPORT FOR THE YEAR 1998

HOUSE # 35E/1, CANAL ROAD,
UNIVERSITY TOWN, PESHAWAR
Tel: 840126

Introduction/ Background:

1. Tuberculosis (TB) is an ancient disease caused by infection with the Bacillus Mycobacterium Tuberculosis. Its prevalence was quit common and un-controlled even in the developed countries till 40-50 years ago. Today, though, it is controlled in the developed countries, the developing and the under developed countries are still suffering from this scourge. Worldwide, the Annual Risk of Infection (ARI) of TB is reported to be 1 in 10,000, in Afghanistan, it is reported to be over 300 in 10,000 i.e. over 3% of the population. According to the latest WHO report, TB is again spreading all over the world, including the developed countries. Tuberculosis combined with AIDS, is becoming more serious. According to this report 3 million people die every year due to TB in the world - the majority in African and Asian countries.

2. The Anti TB Association - Afghanistan Program (ATA/AP) has been working in TB control in Kunar since 1990. The first TB out-door clinic was established in Asadabad by Anti TB Association Geneva, in collaboration of Comite Afghan De Solidarit (CAS) in 1990. For one year- 1990 to 1991, Anti TB Association (Geneva) provided all expenses including TB drugs, except for the rent of the building and internal transportation, which was provided by CAS. In 1991, the Norwegian Church Aid/Norwegian Refugee Council (NCA/NRC) agreed to pay the Salary and allowances of the staff as the Anti TB Association Geneva showed its inability to meet these expenses though they kept providing TB drugs to the clinic. In 1992, the CAS stopped its assistance inside Afghanistan. Some of the CAS Commitments, like the rent of the building was provided by the Local Shoora and the internal transportation etc, by NCA/NRC. In 1994, the NCA/NRC also agreed to provide funds for the establishement of an Isolation Ward, three TB Control Centre and six Health Education Centres. During this year, the Hospital was shifted to a new location which was a renovated old hospital building. This facility was provided by Kunar Shoora.

3. In 1995, the UNICEF entrusted the ATA/AP to organize EPI in Kunar, where the (UNICEF) provided equipment and vaccine, the Ministry of Public Health - Eastern Zone (MOPH) Jalalabad , the trained staff and the NCA/NRC provided funds for salary, transportation and food etc. for the staff. The NCA stopped its assistance by the end of 1997. Since it was a very important program for general health of the community, especially TB Control, the ATA asked the NCA to reconsider their decision. In February, 1998, a meeting was held in the NCA's office in which the UNICEF staff of the Eastern Zone and the ATA participated. In this, meeting the NCA agreed to pay the 'Outreach Allowance' to the EPI Staff in Kunar. The EPI program, thus continued in Kunar as before.

4. Towards the middle of 1995, the NCA/NRC asked the ATA/AP to organise assistance Program to re-equip the Gynae and MCH wards of Jalalabad University Teaching hospital with proper equipment and medicine and payment of Special Allowance to the staff of these two wards and a part of the administration, concerned with the program.This program continued till the end of 1997.

5. Factors and Principles of TB Control:

TB, Once Considered to be incurable, is 95% curable - thanks to the development of effective drugs available. There are, however, certain factors and, as a corollary, some principles of TB control, which are different as against the control of other diseases. These factors and principles must be kept in mind before embarking on a TB Control Program in any area.

6. Factors: The following are some factors, which must be considered and appreciated to be able to understand the principles and later the methodology adopted for TB Control. Factors and Principles being universal, the methodology adopted in certain situation may be different due to peculiar circumstances of the area, population and the situation prevailing. The factors which must be considered are as follows:-

a. TB is, generally speaking a poor man disease.

b. The Sputum Positive patients spread the disease - and very rapidly also, while the Sputum Negative or extra Pulmonary TB patients, though themselves patients, do not spread the disease and as such can be treated with no dangers to others.

c. The treatment of TB is lengthy (6 to 8 months) and fairly expensive.

d. Since TB was incurable in the past, TB patients used to be isolated. TB, therefore, became a Social Stigma. Though this affected all, but more so the women who become the worst victims of this attitude. In many area, due to lack of education and emancipation, the situation is still the same though TB is now 95% curable.

e. TB spreads rapidly in overcrowded and badly ventilated places.

f. Despite the availablity of effective drugs, TB is still the biggest killer than any infectious disease.

g. Combined with HIV infection, TB has become still more dangerous and takes 3 million lives yearly. (1995 WHO report).

7. Principles of TB Control

Based on the factors discussed and the experience of all those working in this field certain principles of TB Control have crystallized, which are accepted, worldwide:-

a. TB Treatment should be Provided Completely Free.
Since TB is a poor man's disease and is lengthy and expensive also,the treatment which includes diagnosis, drugs, hospitalization (where necessary)and good diet must be provided free of cost. Unless this is

assured, the patients, even if they start the treatment, leave it half way due to financial and administrative reasons. Such patients become even more dangerous as they become resistant to the drugs which were in use. The treatment of such patients become more difficult and more expensive. Due to this phenomenon, resistant TB cases are far and wide in the poor countries,where completely free treatment is not available.

b. Sputum Positive cases must be found and treated on Top Priority basis
Since Sputum positive TB patients are potential spreaders of the disease, these must be found and treated under Supervision till they become Sputum negative and complete the treatment course.

c. Sputum Negative and Extra-Pulmonary TB patients should be treated,outdoor
Since such patients do not spread the disease, though suffering the disease themselves, need not be hospitalized. It is far more economical and socially prudent to treat such patients at home, provided continued treatment is ensured.

d. TB clinics and other TB Control organization should be located as near the Potential TB affected areas, as possible, for convenience of communication and regular treatment.

e. Supervision of Treatment:
Unless the treatment is well supervised, the patients leaves the treatment half way, thus becoming resistant cases. The reasons for leaving the treatment incomplete, are as follows:-

1. Economic reasons
2. Patients feel well after two/three months, thinking that they are completely cured, though they are not.
3. Patients become impatient due to long treatment.
4. Lack of knowledge or motivation, or both, for completion of treatment
5. Stigma, especially in the cases of female patients.

It is ,therefore, most important that an effective methodology is adopted for supervised treatment.This include record keeping in the hospitals/clinics, provision of free and adequate supply of drugs and ensuring that the patients take the drugs regularly and get themselves examined in the hospitals/clinics, as advised. This may involve provision of mobile services to the areas affected, organized volunteers system in the villages/towns/cities ensuring completion of the treatment. This aspect of TB control is the most important and constitute 70% of the effort. The rest of the 30% is diagnosis and periodic examination in the hospitals/clinics.

f. Protection
BCG Vaccination protects children against the most severe and life threatening forms of TB, like TB Meningitis, therefore children upto 5 years of age must be given BCG Vaccination.

g. Coordination with General Health Care Program:-
Close coordination of TB Control Programme with General Health Care is useful for Health Education as well as administration of regular treatment.

h. Health Education
Health Education Programme against TB, either separately or in coordination with other Health Care Programmes like EPI is most essential to get better results. If properly conceived, coordinated and executed vigorously, the TB Control Programme become very effective in cost, as well as, results.

Patient being examined in TB Hospital - Laghman

Special Features of Tuberculosis Control in Afghanistan:

8. Though TB Control Program in all the developing countries in the world is problematic, the present Political, Economic, Social and Communication conditions in Afghanistan pose peculiar problems which have to be tackled in their own peculiar ways.

a. **Political:**

Though the bulk of the country, including the capital - Kabul, is under the control of Taliban, a few provinces in the North are under the opposition consisting of factions headed by Rabbani and Masood. Rabbani is their titular head. Since Rabbani was the President before the Taliban took the control of Kabul, the UN and most of the countries, still consider Rabbani as the "dejuro" President of Afghanistan. Even in the Provinces under the Taliban, some areas are either "independent" or having sympathies with the opposition. The same may be true for some areas under the control of the factions lead by Rabbani. This situation has, on the one hand, created confusion of control and, on the other, the problem of coordinated efforts to continue a program to its logical conclusion.

This lack of control often pose law and order situation which interrupts developmental and social activities of the NGOs in particular, thus frustrating the efforts. In this situation the Govt, whether of the Taliban or the Opposition, is not in a position to impose its writ in the areas under their control. The Govt can hardly generate their own revenue though taxation or export and whatever little they do, goes to the Defence and maintenance of law and order. Very little, if any, is allocated for economic activities or social sectors. All such activities are, by and large, left to the UN agencies and NGOs who, undoubtedly have done a lot in this field, even in the most trying conditions.1998, from this point of view, was the most disturbed year. During the year, the Taliban issued a few edicts putting restrictions on woman to go to schools, hospitals or other places of work. Girls after attaining puberty, were not allowed to go to schools. Secular education was thus denied to girls. Some girls medical students who were in the final year of their education had to abandon schooling. This irked the UN and the INGOs, but despite protests the Taliban stuck to their policy. This, not only affected the girls education, it affected the Health Sector adversely. Female doctors were only allowed in Gynea, MCH and children wards and no male doctor was allowed to work with female doctors or Vice-a-Versa. In the middle of 1998 Muslim women working with NGOs (Afghans or non Afghans) were not allowed entry in Afghanistan unless they were accompanied by their "Mehram"(Near relative). This again strained the relations of the UN and the NGOs with Taliban. The last "straw on the camel back"came when in July 1998, the Taliban asked the NGOs to shift their offices in Kabul to the Polytechnic area. Since this was not acceptable for many reasons - operational and

economic, many NGOs left Kabul and established their offices in Peshawar or Islamabad.
In July, 1998, the Taliban attacked the North and captured most of the Northern areas including Mazare Sharif. The opposition (Masood/Rabbani)are holding on to Badakshan, Takhar, portions of Kanduz, Baghlam, Kapisa(Panjsher valley)and Parwan. The Taliban are thus controlling over 90% of Afghanistan. In August , 1998, the US attacked Paktia and Jalalabad areas with rockets ostensibly to destroy the bases of Osama Bin Laden. All the UN and the INGOs staff, especially the expatriates left Afghanistan for their bases in Peshawar or Islamabad. Since TB Controls is a continuous process and requires peaceful, organized, coordinated and motivated environment, it is not possible in Afghanistan in those ideal ways. The strategy and implementation of such programs in Afghanistan, therefore, require different treatment - basic being flexibility and patience.

b. Economic Conditions

As mentioned earlier, the Govt in Kabul is neither organized nor has the necessary writ to impose taxes on the people, institutions, trade or industry to generate enough revenue to carry out development or social programs. The developmental or social sector are, therefore, left to UN agencies and NGOs. TB is a poor man's disease and as such the treatment has to be completely free. In the situation prevailing in Afghanistan, the incentive of free treatment to TB patients is inescapable if one has to seriously and sincerely tackle TB Control Program.

c. Social Conditions

Afghanistan is an Islamic and highly conservative society. Most of the population live in rural areas, mainly dependent on agriculture or animal husbandry. Literacy rate is very low, especially in women - the current restriction has further accentuated the situation. In such a situation the general awareness of people about Health Education is also very limited. Health Education Program along with any Health or General Education program becomes very necessary. If properly conducted, it furthers the aim and objectives of such health programs like TB Control and also make such efforts more cost effective.

d. Communications:

Apart from the few paved roads like Peshawar - Jalalabad-Kandahar - Herat, Kabul - Mazar etc. the rest of the roads are all shingle or "Kacha" where sturdy vehicles like jeeps, 4x4 pickups etc. can ply. In some areas like Nooristan, very few places are connected by any road, forcing people to travel by foot, horses or mules. Again, in towns or centers of communications there are no hotels or Sarais, where people can stay with

families. Most of the people stay with their relatives, and if relatives are not there, people will not travel, especially with females. This situation of communication and lack of facilities in the towns, force the people to leave their female patients to Gods Mercy ! In many cases even the male patients are no better. While planning Health facilities, one has to keep this in mind. The Health facilities will, therefore, have to be as near to the patients as possible and mobile services provided to such remote areas.

e. Lack of Coordination in TB Control in Afghanistan:

Though there is general lack of coordination in any Social or developmental programs, the ATA/AP has felt this in TB Control since the Association is engaged in this program in Kunar / Nooristan since 1990. As far as the Govt is concerned - Central or Provincial - it will be naive to expect such coordination from them. The UN agencies, especially the WHO is expected to organize such coordination, wherever possible. Many NGOs are engaged in TB Control - mostly along with other Health Care programs. ATA/AP is concentrating on TB Control though it has handled other Health Projects like EPI in Kunar / Nooristan and running of Gynea and MCH ward in Jalalabad University Teaching Hospital. It has, however, felt that coordinating bodies preferable on regional basis would help a lot. Such coordination by WHO or , to some extent by ACBAR, will make the effort more economical and effective. The WHO could also set up Training Centers for Doctors / Technicians to make them more proficient in their fields.

Patient under examination in Isolation Ward Kunar

Methodology

9. Based on the Factors, Principals and Special Features of Tuberculosis Control in Afghanistan, a certain methodology is adopted by the ATA/AP for TB Control in Afghanistan. Though this methodology is in line with the TB Control in other developing countries and the WHO policy, it has some features, which are peculiar to the situation prevailing in Afghanistan.

10. TB Clinics/Hospitals. TB Clinics/Hospitals have been located in cities/towns which are accessible to the TB patients and, at the same time, have the necessary facilities of market, General Health Institutions and the existence of Govt. machinery. At the moment the ATA has clinics/hospitals at Asadabad (Kunar), Burgematal (Nooristan) Mehtarlam (Laghman) and Kaga (Khogiani area). These clinics/hospitals have the necessary diagnostics facilities like OPD, X-Ray and Laboratory. Sufficient TB and Non TB drugs are available in the dispensary. Record of all registered TB patients is available in the Card Room of the clinic/hospital.

11. Diagnosis and Treatment. Maximum emphasis is laid on sputum examination. Effort is made to take the fasting samples of a patient. If this is not possible a combination of fasting and random specimen are examined. If one sample is found Positive the test is repeated for confirmation. Once confirmed, he/she is registered as TB patient and the treatment regimen of Sputum Positive is started. The rest of his/her treatment is done according to the laid down procedure/guideline for TB treatment. If the patient is found to be sputum Negative, symptomatic treatment is given to him/her for a week. If the patient responds to such non TB treatment, he/she is advised to follow the same Non TB treatment. If the patient does not respond to the Non TB treatment,his/her sputum is tested again. In case the sputum is found negative, the patient is X-Rayed. If other symptoms, history and the X-Ray indicated TB, the patient is put on sputum Negative regimen.

12. Isolation Wards. Though we have one Isolation Ward in the hospital at Asadabad (Kunar), we have plans to establish Isolation Wards in all the other clinics. Generally, Sputum Positive and other serious cases are admitted in these wards to ensure supervised treatment (Directly Observed Treatment - DOT). Once the patient became Sputum Negative, he/she is allowed to continue the treatment at home. Though the DOT system in vogue in other countries consists of centres, where the patients reports daily and take his/her medicine in the presence of a doctor or a volunteer, it is not possible in Afghanistan, especially in the rural areas. Patients (Sputum Positive) living near the clinic are asked to visit the clinic daily to take the medicine under observation. In the case of rural areas, away from the clinic, this duty is done by the TB Control Centres, though not on daily basis, but on weekly and, in some cases, on fortnightly basis. The Health Educators of the area are provided list and addresses of such patients, who visit them once a week to ensure that they are taking their medicine regularly. In certain areas educated volunteer do this job. The family members of Sputum Positive Cases are educated on the procedure thoroughly, so that they do not default.

13. TB Control Centres. TB Controls Centres are estalished in the peripheral areas around the clinics/hospitals. These are placed in the existing BHUs/Health Centres run by the Govt. or other NGOs. The function of these TB Control Centres is as follows: -

a. Microscopy of the suspected TB patients of the area, who visit the BHU / Health centers, where they are working.
b. Patients found sputum positive or those having old record of TB are sent to the TB clinic Hospital of ATA for further diagnosis and treatment.
c. Issue of TB drugs to the patients of the area. In case of sputum positive on weekly or fortnightly basis and in case of sputum negative on monthly basis.
d. Act as Health Education Centres also by distributing posters, pamphlets, leaflets to the TB patients and others attending the BHU/Health Centres.
e. Follow up sputum examination of TB patients till the completion of treatment.

14. Health Education Program. Around the TB Clinic/Hospital, a number of Health Education Centres are also established in the peripheral area. The function of these Health Education Centres are as follows:-

a. Visiting the villages assigned to them for distribution of posters,pamphlets and leaflets through the schools, mosques and Hujras of the elders.
b. Talk to selected groups on the precautions to be taken and the importance of continued and complete treatment.
c. Keep a list of the TB patients of the area(by villages), ensuring that the sputum positive cases take their medicine as advised.
d. Keep close liaison with the TB Control Centers and the clinics/hospitals for directions and advice.

15. Volunteer System. In a number of villages/small towns educated people have volunteered to help the ATA, especially in the Health Education and even supervise the completion of treatment, especially of the sputum positive cases. At the moment these volunteers are working on honorary basis, but a proposal will be put up for giving small Honoraria to such people as an incentive. If educated people like school teachers, the Imams of mosques are given small honoraria of a few hundred rupees a month, the Health Education is likely to become very effective,and the percentage of defaulters will come down considerably.

16. Resistance Cases. In TB Control one of the serious problem is that of Resistance cases. Patient who leave their treatment halfway, invariably become resistant to the drugs in use. Such patients need to have Culture Sensitivity examination of their sputum to find out the drugs combination, for which the bacteria is sensitive. Since no Culture Laboratory was available in the Eastern Zone, the ATA/AP has established a Culture Laboratory in Jalalabad for this purpose.

Discussion with Community regarding the program

17. In short the methodology adopted is to have:-

a. TB clinics/hospitals in nodal places, though as near the TB affected area, as possible.

b. TB Control Centres in the peripheral area around the clinic/hospital for microscopy, issue of drugs, follow up and also Health Education.

c. Health Education and volunteer service to educate the public on precautions to be taken and the importance of continued and complete treatment.

d. The Culture Sensitivity Tests of the Resistant Cases in the Culture Laboratory to ensure not only their treatment, but safeguard others from such resistant infection.

Five Year Plan of TB Control for East Zone

18. The ATA/AP has formulated a Five Year Plan for TB Control in East Afghanistan.Presently the ATA/AP is covering the area of Nooristan, Kunar,Nigarhar and Laghman. The Time Frame for the Plan is from 1998 to 2002. The Aim and objective of the Plan is to reduce the Annual Risk of Infection (ARI).It also aims to reduce the mortality and morbidity rate due to TB.The ATA/AP plans to cover more areas specially-Sarobi Logar Kabul during the same period, if resources are made available

The essential elements of the Plan is annexed . The NCA very kindly sanctioned the bulk of 1998 expansion program. Two X-Ray machines(one of these a mobile Van) were donated by Anti TB Association Geneva (swiss) which were collected from their hospital at Mardan and sent to Laghman and Nooristan. The Plan of 1998, except for the Coordinating Offices in Jalalabad, was implemented successfully.

Activities and Achievement during 1998

19 The ATA/AP was engaged in the following Health Programs in Afghanistan during 1998:-

a. TB Control Program in Kunar

b. EPI in Kunar/Nooristan

c. TB Control Program in East Nooristan(Burgematal)
d. TB Control Program in Laghman.

TB Control Program

20. The ATA/AP runs the following TB Control Programs in Afghanistan"-

a. Kunar
   1) TB Hospital at Asadabad
   2) Four TB Control Centers(Microscopy) in Peach,Paroon, Want and Kamdesh.
   3) Health Education Centres at Khas Kunar,Narang,Shegal,Peach, Naray and Kamdesh

b. Nooristan
   1) TB Clinic at Burgematal.
   2) Health Education Centres at Burgematal, Shudgal,Afsay, Saidabad and Mondagal.

c. Laghman
   1) TB Clinic at Mehtarlam
   2) TB Control Centres (Microscopy)at Ali Shang,Alingar,Daulat Shah and Qarghai.
   3) Health Education Centres at Ali Shang,Alingar,Mehtarlam, Daulat Shah,Qarghai and Nangaraj.

Special Feature of the Program

21. Kunar. Since the ATA/AP established the first TB clinic in Asadabad(Kunar) in 1990, the TB Control Program in that province is more developed as compared to Nooristan and Laghman. In 1994, a 15 bedded Isolation Ward (5 for men and 10 for women) was added to the clinic. The hospital was also shifted to a new location, which was a portion of a proper hospital building. Four TB Control Centres (Microscopy) and six Health Education Centres were also established that year. In 1995, EPI Program for Kunar was also organized in collaboration with UNICEF and the Ministry of Public Health - Eastern Zone. 20 vaccination centres were deployed in the area. Cold Chain and coordinating office was established in the premises of the hospital at Asadabad. This program (EPI) helped TB Control and also Health Education, as the vaccinators were also given the task of Health Education in the areas which they covered for vaccination.

The hospital has now got the following facilities:-

a OPD
b. X- Ray
c. Laboratory -
d. dispensary
e. Isolation Ward
f. Nursing

The following staff is working in the hospital:-

Doctor	Dr.Asadullah
Coordinator	Mammad Rafiq

Dispenser	Noor Zada
X-Ray Tech	Ameer Khan
Nurse	Mohammad Hanif
Lab.Tech.	Mangal
Microscopist	Sher Zada
Microscopist	Mohammad Shafi
Microscopist	Deen Mohammad
Microscopist	Mohammad Shoaib
Mech.	Eng.Saz Mohammad
Health Educator	Sadat Khan
Health Educator	Wahidullah
Health Educator	Mohammad Qasim
Health Educator	Habibullah
Health Educator	Noor Mohammad
Health Educator	Mohammad Raza
Driver	Juma Khan
Cook	Mohammad Daud
Asstt.Cook	Mohammad Jaffer
Gurad	Gharibullah
Guard	Ameer Hamza
Guard	Hroon
Guard	Asmat

Achievement of 1998 is annexed

Slide examination in Laboratory at TB Hospital - Kunar

22. EPI in Kunar/Nooristan

The ATA/AP managed the EPI in Kunar/Nooristan since January, 1995 in collaboration with UNICEF, Norwegian Church Aid (NCA), and Ministry of Public Health, Jalalabad(MOPH). The UNICEF provided the equipment and vaccine, the MOPH trained vaccinators and the NCA provided funds for the pay of the staff and transportation charges. The agreement was for the three years which ended in December, 1997. The ATA/AP initially deployed 16 vaccinations centers in Kunar. By the end of 1997, there were a total of 20 Vaccination centres in the following places:-

1. Asadabad
2. Barkandai
3. Nangalam
4. Chappa Darra
5. Marawara
6. Asmar
7. Dangam
8. Nary
9. Sarkani
10. Narang
11. Noorgal
12. Kamdesh
13. Sheegal
14. Want
15. Wama
16. Wattapur
17 Dewagal
18 Chawki
19 Khas Kunar
20 Burgematal

In February, 1998, a fresh agreement was concluded in which the NCA agreed to pay the outreach allowance to the vaccinators and other staff, but the rest of responsibility, including pay and allowances, were taken over by UNICEF . The ATA/AP implemented the NCA's obligations.

The achievement of the EPI during the year is annexed

TB Clinic at Burgematal - Nooristan

23. Nooristan. Communication to East Nooristan, especially Bergematal is quite problematic. Wheeled traffic is only possible upto Mandagal. From there, Transportation is either on foot or horses/mules. This situation created quite a problems for ATA to establish the clinic at Burgematal, as heavy hospital equipment like X-Ray Machine and generator had to be transported. The X-Ray Machine was split in parts and transported by horses, mules and manpack. It took two days to transport the equipment and drugs from the road head to Burgematal. It was a near miracle that all the equipment reached Burgematal safe.The local people are now working on the road on voluntary basis and it is hoped that 4x4 vehicles(Jeeps and Pickups) will be able to reach Burgematal in April,/May 1999)

The clinic was established in the first week of June and inaugurated on 11 June 98. The Ulaswal and elders of area participated in the function and all appreciated the efforts of ATA in establishing the TB Clinic in Burgematal in such trying conditions.

The people of Nooristan are very poor. The agriculture is limited and people live on animal husbandry and timber trade. Most of the people live in one room quarter along with the animals. This make them prone to many diseases, especially TB. Extra pulmonary TB like Gland TB is also common, as the people take raw milk (without boiling).

24. The building of the clinic was donated by a local elder, as there was no Govt. accomodation available. The ATA had to spend money in renovation and alteration to make it suitable to house the clinic. Some additional accomodation was hired for the staff for their living quarters. The clinic has the following facilities:-

a. O.P.D.
b. X-Ray
c. Laboratory
d. Dispensary

It has the following staff:-

a.	Doctor	-	1	(Dr. Mohammad Younus)
b.	X-Ray Tech	-	1	(Mr. Hazrat Gul)
c.	Lab Tech	-	1	(Mr. Habibur Rehman)
d.	Dispenser	-	1	(Mr. Ismail)
e.	Cook	-	1	(Abdul Ghafoor)
f.	Guards	-	2	(Said Jalal & Noorul Haq)

Unfortunately, there is no Health Unit in Burgematal area of Nooristan. All patients, whether TB or non TB, attend the clinic. The staff has to attend to all patients and the expenses of non TB drugs is much more than our estimate. It has been suggested to NCA to consider opening a BHU in Bergematal for Non TB patients. This has also been included in the consolidated Appeal through UNOCHA for 1999.

The performance of the clinic is annexed

Transportation of Medicine and Medical equipment to Burgematal - Nooristan

25 .Laghman Laghman Province lie just to the West of Ningarhar. Its boundary starts just out side Jalalabad. Laghman is relatively better developed both for agriculture and trade. The valley is well irrigated by the rivers of Kabul, Ali Shang and Alingar. Ethnically, the people living in the valley are Pakhtoon and Tajiks, but the hilly areas in the North, is inhabited by Nooristanies. The hills to the North are mostly barren and the people live on animal husbandry. Though the incidence of TB is reported to be less as compared to Kunar and Nooristan, it is still around 3% (ARI).

26. The clinic at Mehtarlam, the TB Control Centres and the Health Education Centres were established in May 1998. The accomodation for the clinic was given to ATA by the Govt., which was a dilapidated building. The ATA/AP had to spend almost Rs. 200000/- to make it suitable for the clinic. The waiting area for the patients (both male and female) is still under repair and renovation.

The clinic has the following facilities;-

a. O.P.D.
b. Laboratory
c. X-ray
d. Dispensary

The staff manning the clinic is as follows:-

a. Doctor - 1 (Dr. Safiullah)
b. Admn Officer - (Mr Fahim)

c.	X-Ray Tech	-	1	(Mr Zalmay)
d.	Lab Tech.	-	1	(Mr Abdul Qayyum)
e.	Dispenser	-	1	(Miss Najia)
f.	Cook	-	1	(Mr Fida Mohammad)
g.	Guards	-	3	(Mr.Ibrahim,Ruhullah & A.Ghani)
h.	Lady Health Educator		1	Ms. Basira

When the clinic started function in May 1998,23 TB patients were detected in the first month, out of which 8 were found sputum positive. Later a few TB patients were transferred from other hospital /Health Units.

The perforance of the clinic annexed

X-Ray Van at TB Clinic Mehtarlam - Laghman

TB Control Centres

27 TB Control Centres are working in the following places:-

a. Kunar
Peach
Want
Wana
Kamdesh

b. Laghman
Ali Shang
Alingar
Daulat Shah
Qarghai

These T B Control Centres are, in fact, Microscopy Centres, located in the peripheral areas to carry out microscopy of suspected TB Patients and send confirmed or suspected TB Cases to the TB Hospital/Clinics of the Province. These TB Control Centres keep the record of the TB patients of the area. The TB patients attend these TB Centres monthly for sputum examination and collection of medicines. This way the patients need not attend the hospital or clinic every month. The TB Centres also keep a track of the patients to ensure that the patients complete their treatment.

Health Education in Kunar

Health Education Program

28 Health Education Program is being conducted in the following places:-

a. Kunar
   1) Khas Kunar
   2) Chowki
   3) Shegal
   4) Chappadara
   5) Manogai
   6) Kamdesh

b. Nooristan
   1) Mondagal
   2) Saidabad
   3) Burgematal
   4) Afsay
   5) Shud Gul

c. Laghman
   1) Ali Shang
   2) Alingar

3) Daulat Shah
4) Qarghai
5) Mehterlam
6) Nangaraj

These Health Education Centres have one Health Educator, each. Each Health Educator is given a number of villages to cover - some monthly and some quarterly. Health education material like posters, pamphlets and leaflets are given to them for distribution in the schools, mosques or the Hujras of the elders. They also give talk on the importance of hygiene and sanitation and persuade people to take necessary precautions against communicable disease, especially TB. They also keep a record of the TB patients of their area and persuade them to complete their treatment.

Dispensary at Mehtarlam - Laghman

Distribution of BP-5 Biscuits

29. At the end of 1997, the ATA had a balance of 389 cartons. In 1998 the NCA provided 200 cartons, thus 589 cartons were available for our TB control program for 1998. These biscuits were distributed in our Hospital / Clinics in Kunar, Laghman and Nooristan among the TB patients. BP-5 Biscuits is a very good high protein substitute for TB patients and others, who are not in a position to get balance diet. It is recommended that the provision of these biscuits for TB patients should continue in 1999 also.

30. Agreement Between ATA/AP and WFP

The agreement was signed between WFP and ATA/AP for provision of food items to 500 TB Patients of Kunar and their families. The total annual cost of the food items comes to US $ 109385. Accommodation to store the commodities in Asadabad has been allocated temporarily by the Govt. though it would require repair and renovation. Later, the ATA/AP has to arrange for building storage accommodation in the premises of the public hospital - Kunar. It is planned to shift EPI Cold Chain to the building, so constructed, and use the EPI Cold Chain accommodation for storage of the WFP food commodities. This way, the ATA/AP, will have a better control, since the EPI Cold Chain is located in the premises of TB Hospital Kunar.

The WFP has not allocated funds for administrative cost, which the ATA/AP has to incur on repair of the building and hiring of staff for storage, security and distribution of these food items. The ATA/AP has submitted the estimate of administrative cost to WFP, but no decision has been taken so far. Due to the disturbances of Aug 1998, however, the WFP staff had to leave Jalalabad, thus a delay in the implementation of the Agreement. The WFP have, however, assured us that the project will be implemented as soon as the WFP staff return to Jalalabad and resume their normal activities. The WFP staff also visited our clinic at Mehtarlam (Laghman) and has agreed to conclude similar agreement for provision of food to 500 patients and their families in Laghman. Hopefully, both these projects will be implemented in 1999.

31. Security Problems in East Nooristan

Due to the infighting between the Kamdesh and Kishtoz factions of Nooristan, the communication to our clinic at Burgematal got disrupted several times. The supply of medicine and other provision to Burgematal, however, were ensured.

32. The affairs of the Public Health Hospital Asadabad

The Public Health Hospital Asadabad is located adjacent to our TB Hospital - in fact the Hospital is a portion of the whole set up. This public Hospital is a general hospital having the department of Medicine, Surgery, Eye, Gynecology etc. Two years back it was run by AMI(an NGO) who have stopped funding the hospital resulting in a very sub standard treatment of the Patients, since the Govt. does not have enough resources. During a meeting of Dr. Ayub(Director ATA) with the Governor of Kunar, it was suggested if the ATA could run the public Hospital as well. The Governor was informed that the matter will be discussed with the donors and if funds are made available, a plan will be prepared to run the hospital. Since this matter was discussed in the second half of 1998, it was not considered proper to submit a proposal to NCA. Though we have not included this in our plan for 1999, the NCA may consider this as special case. In case the NCA can provide funds for this hospital, a plan will be chalked out by the ATA and presented for consideration.

33. Women Admission/OPD in Kunar and Laghman TB Hospitals

Due to restriction, where women were not allowed to stay in the hospital without 'Mehram' the admission cases of female came down. Even the female OPD was affected by this restriction. Since it was not possible to admit a healthy male/female member of the patient family in the Isolation ward, the admission was declined. These restrictions, however, eased gradually due to discussion of the matter with the authorities and the local population. The hospital is now admitting serious/Sputum Positive female patients more in number as compared to the beginning of the year.

The same problem was faced in Laghman clinic also(OPD) in the beginning, but gradually the situation improved.

34. Letter of Appreciation by the Director Health Eastern Zone Jalalabad

The Director Health Eastern Zone-Maulvi Sher Ali Hanafi, having visited our hospitals/clinics at Kunar and Mehtarlam has sent a letter of appreciation about the work of the ATA in this region.

35. Khogiani area was surveyed for locating the clinic, the TB Control Centres and the Health Education Centres.It is planned to have.

The Clinic at	Kaga
TB Control Centres at	Hisarak,Mama Khel and Pacheer Agam
Health Education Centre at	Kaga,Hisarak,Mama Khel, Pacheer Agam Memla and Shirzad.

36. The location of the culture laboratory planned for 1999 in Jalalabad has been discussed with the administration as well as the old TB experts like Dr. Mangal. A building has been hired which will accommodate the Culture Laboratory and the Coordinating Office of Jalalabad. Necessary repair and alteration is in process.

37.. Conclusion

Despite the disturbances and the uncertain condition of 1998 as mentioned in para 8, the 1998 Program of ATA in East Zone was successfully implemented. The clinic and other facilities in Laghman were established in May, 1998 and those of Burgematal (Nooristan) in June, 1998. Though the establishment of the Nooristan Program presented communication problems, the plan was implemented successfully due to the cooperation of the Administration and the help of the locals.

The success of the 1998 Program will pave the way for smooth implementation of the 1999 Program, as well. The "On Going" program in Kunar i.e. TB Control and the EPI were well implemented, except the admission of female patients due to restrictions. The ATA is in touch with the authorities and the locals to help solve this issue, as the majority of TB patients in the region are female.

The assistance of the WFP to provide food to the TB patients and their families will go a long way in helping the speedy recovery of the patients, though it will create some problems of administration of this assistance for which the WFP or the UNOCHA may help. The Project has been included in the Consolidated Appeal.

Most of the TB patients are in the age group - 15 to 45. This age group, being the main Work Force., TB is affecting the overall efficiency of the region.

The number of resistant cases reported by the clinics suggests the importance of the Culture Laboratory, which will prove useful in suggesting treatment regimen for such cases.

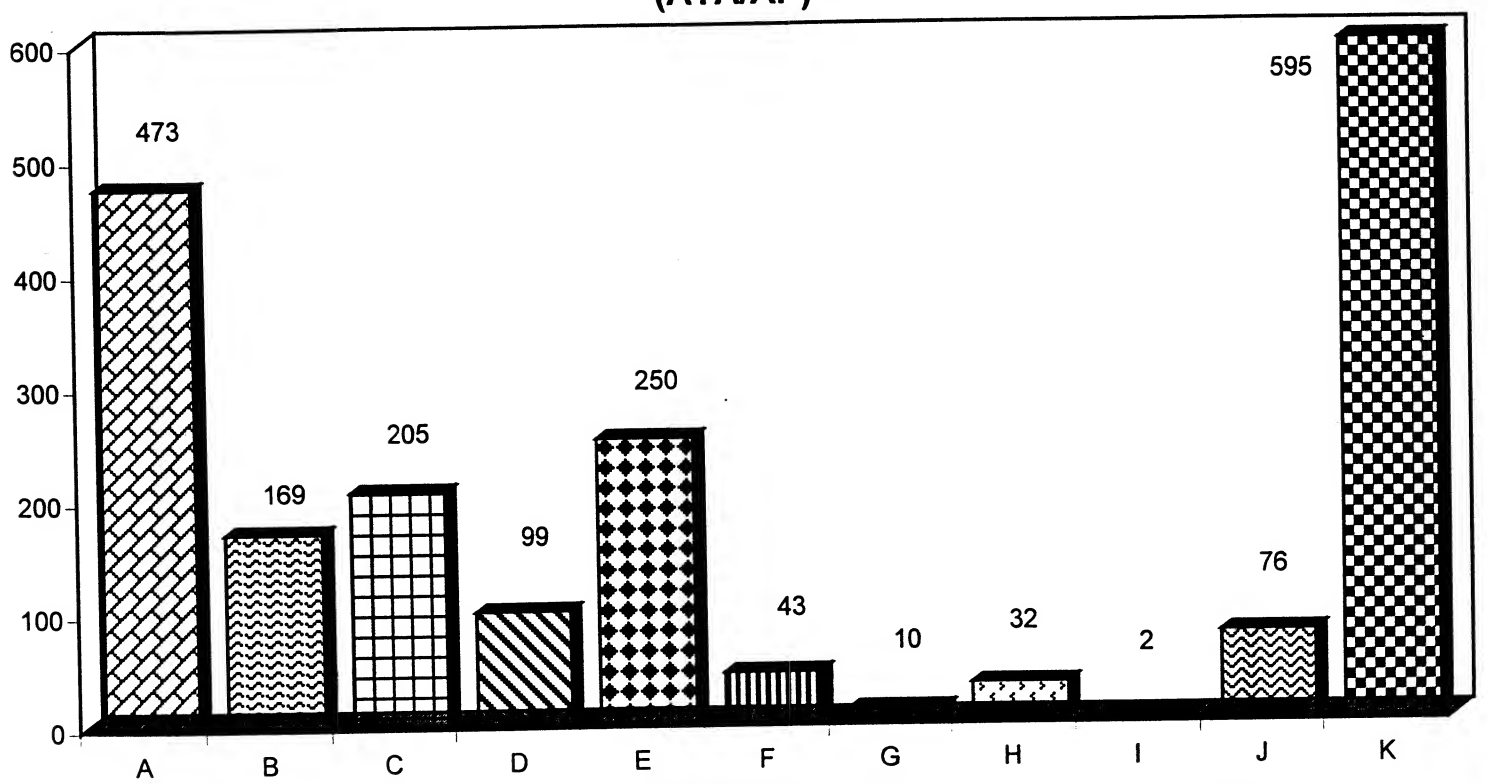
Summary of TB Control Activities in Kunar Province during –1998

1.	Total Patients Attended the Hospital and Sub-Centers		6406
2.	Total Patients Detected		473
	a. Male	161	
	b. Female	312	
3.	Total Sputum Positive Pulmonary TB		169
4.	Total Sputum Negative Pulmonary TB		205
5.	Total Extra Pulmonary TB		99
6.	Total Patients Cured		250
7.	Total Patients Defaulted		43
8.	Total Patients Transferred in		10
9.	Total Patients Transferred out		32
10.	Total Patients Died		2
11.	Total Patients Admitted in Isolation ward		76
12.	Total Patients Remained under treatment by the end of 1998		595

Age Group Data

Age group data	No.
00-15 Years	95
15-30 Years	197
30-45 Years	196
45-60 Years	107
Total	595

Anti Tuberculosis Association
Afghanistan Program
(ATA/AP)

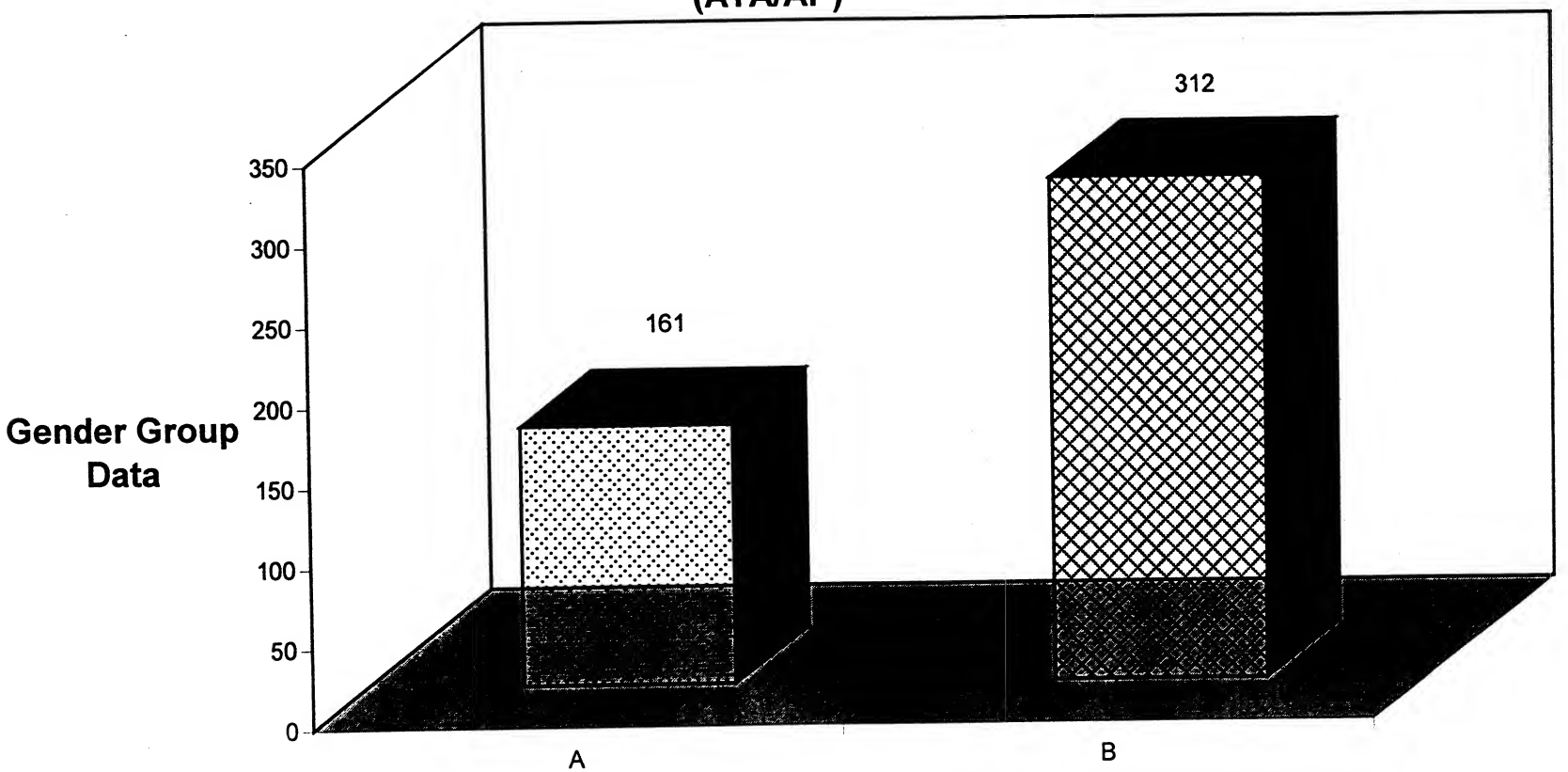


Summary of TB Control Activities in Kunar Province During-1998

A = Total Patients Detected
B = Total Sputum Positive Pulmonary TB
C = Total Sputum Negative Pulmonary TB
D = Total Extra Pulmonary TB
E = Total Patients Cured

F = Total Patients Defaulted
G = Total Patients Transferred in
H = Total Patients Transferred out
I = Total Patient Died
J = Total Patients Admitted in Isolation Ward
K = Total Patients Remained Under Treatment by the end of 1998

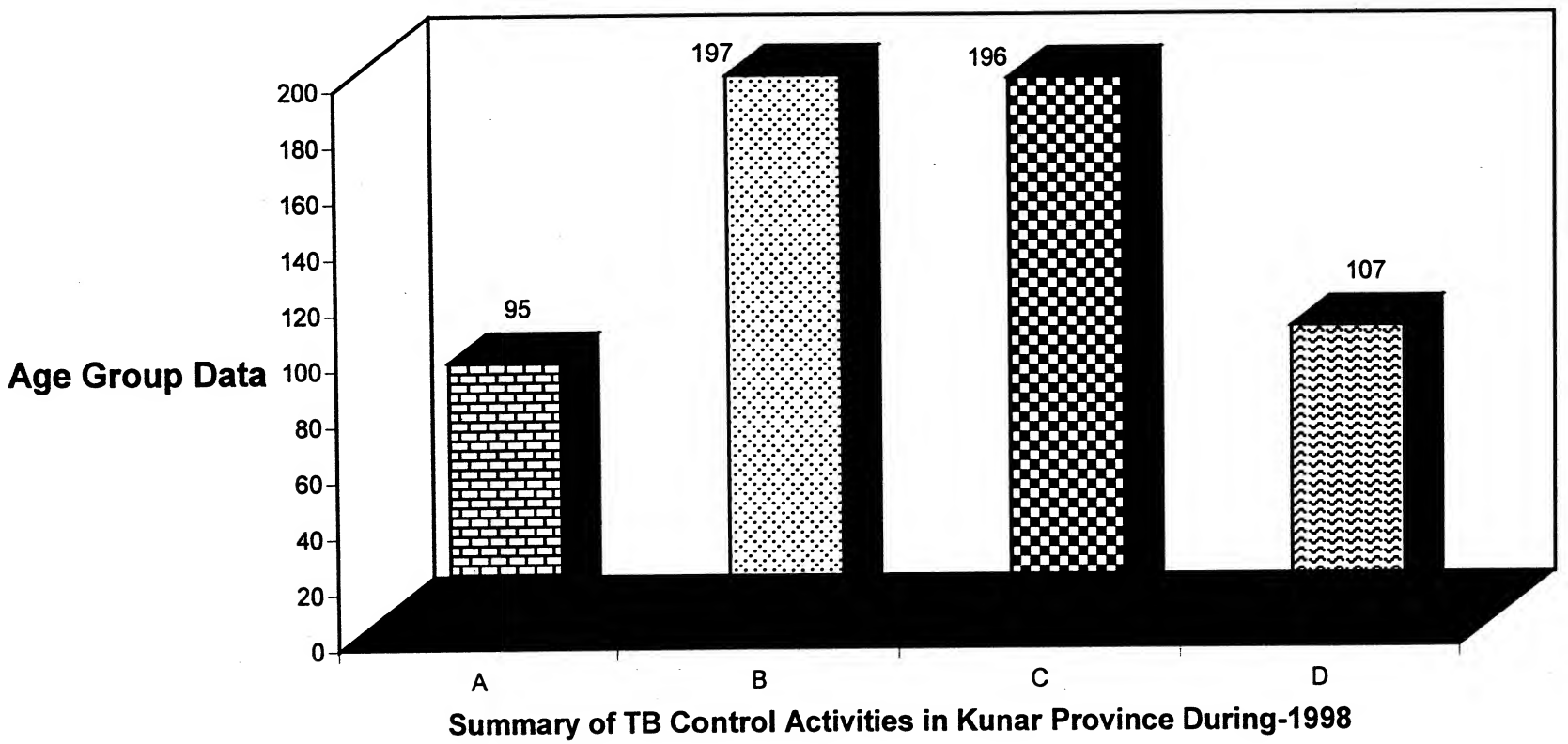
Anti Tuberculosis Association
Afghanistan Program
(ATA/AP)



Summary of TB Control Activities in Kunar Province During-1998

A = Male 161
B = Female 312

Anti Tuberculosis Association
Afghanistan Program
(ATA/AP)



Summary of TB Control Activities in Kunar Province During-1998

A = 00-------15 Years	95
B = 15--------30 Years	197
C = 30--------45 Years	196
D = 45--------60 Years	107

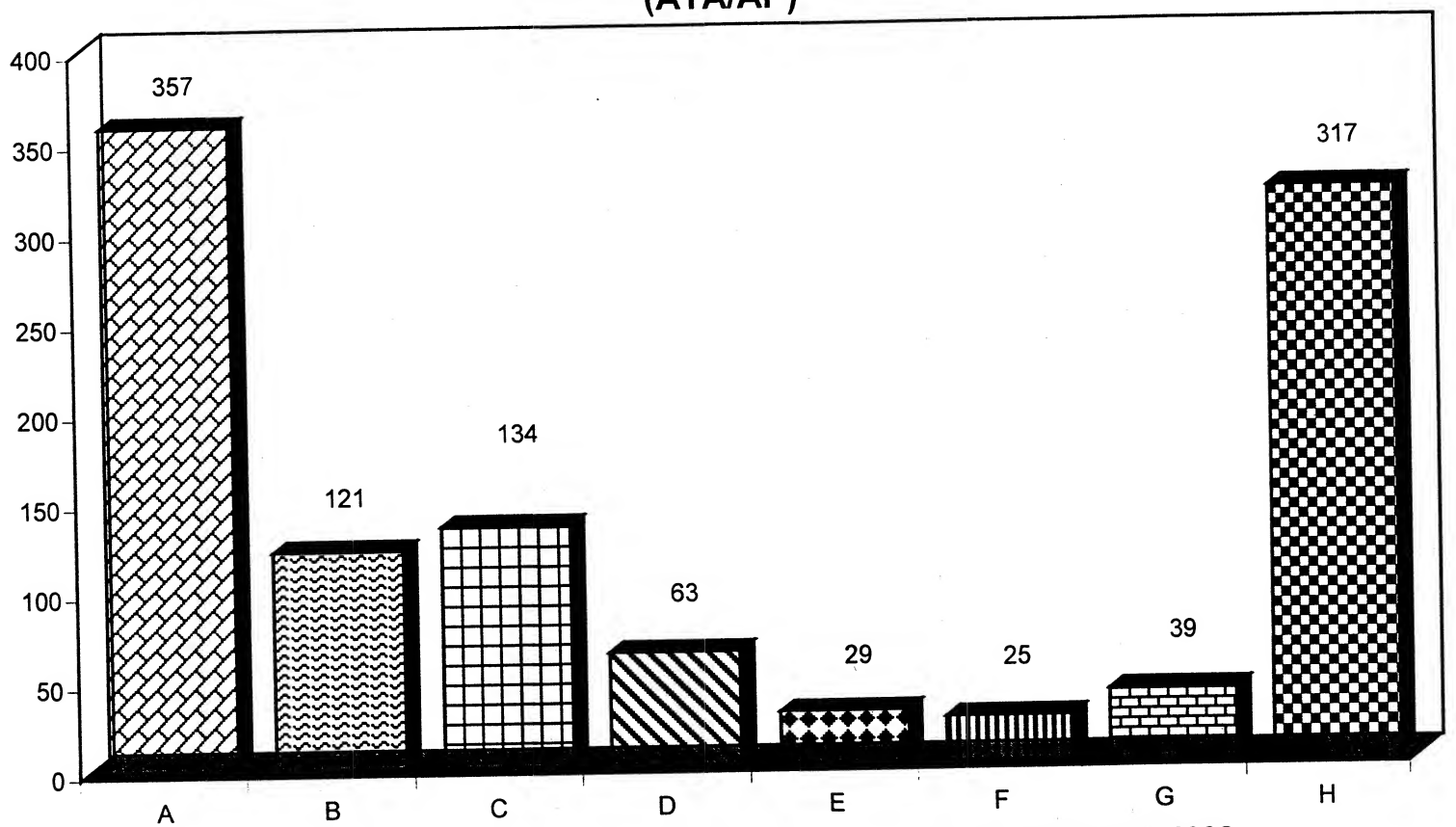
Summary of TB Control Activities in Laghman Province during –1998

1.	Total Patients Attended the Hospital and Sub-Centers		4450
2.	Total Patients Detected		357
	a. Male	154	
	b. Female	203	
3.	Total Sputum Positive Pulmonary TB		121
4.	Total Sputum Negative Pulmonary TB		134
5.	Total Extra Pulmonary TB		63
6.	Total Patients Transferred in		39
7.	Total Patients Cured		29
8.	Total Patients Defaulted		25
9.	Total Patients Remained under treatment by the end of 1998		317

Age Group Data

Age group data	No.
00-15 Years	59
15-30 Years	128
30-45 Years	79
45-60 Years	51
Total	317

Anti Tuberculosis Association
Afghanistan Program
(ATA/AP)

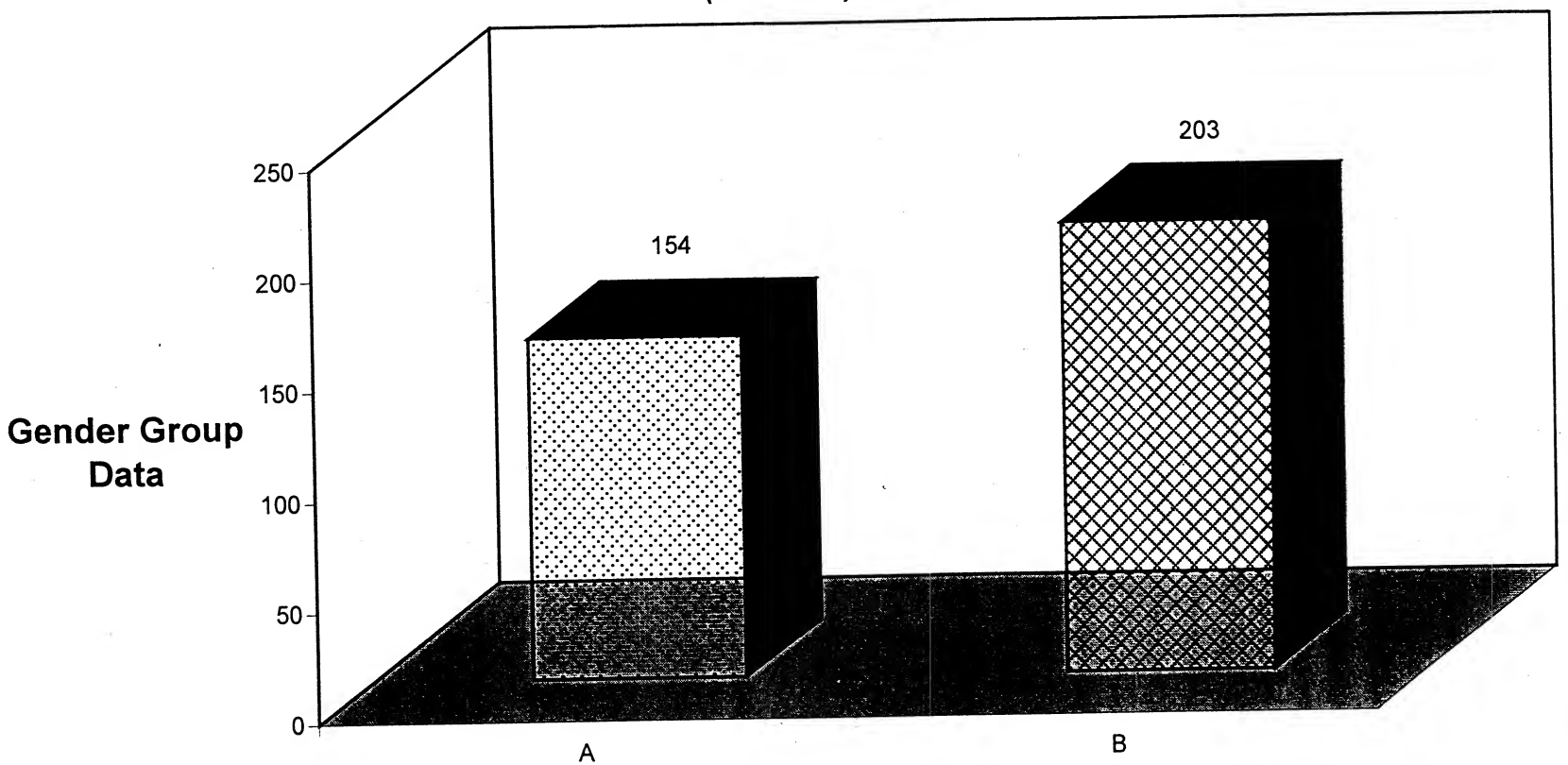


Summary of TB Control Activities in Laghman Province During-1998

A = Total Patients Detected
B = Total Sputum Positive Pulmonary TB
C = Total Sputum Negative Pulmonary TB
D = Total Extra Pulmonary TB

E = Total Patients Cured
F = Total Patients Defaulted
G = Total Patients Transferred in
H = Total Patients Remained Under Treatment by the end of 1998

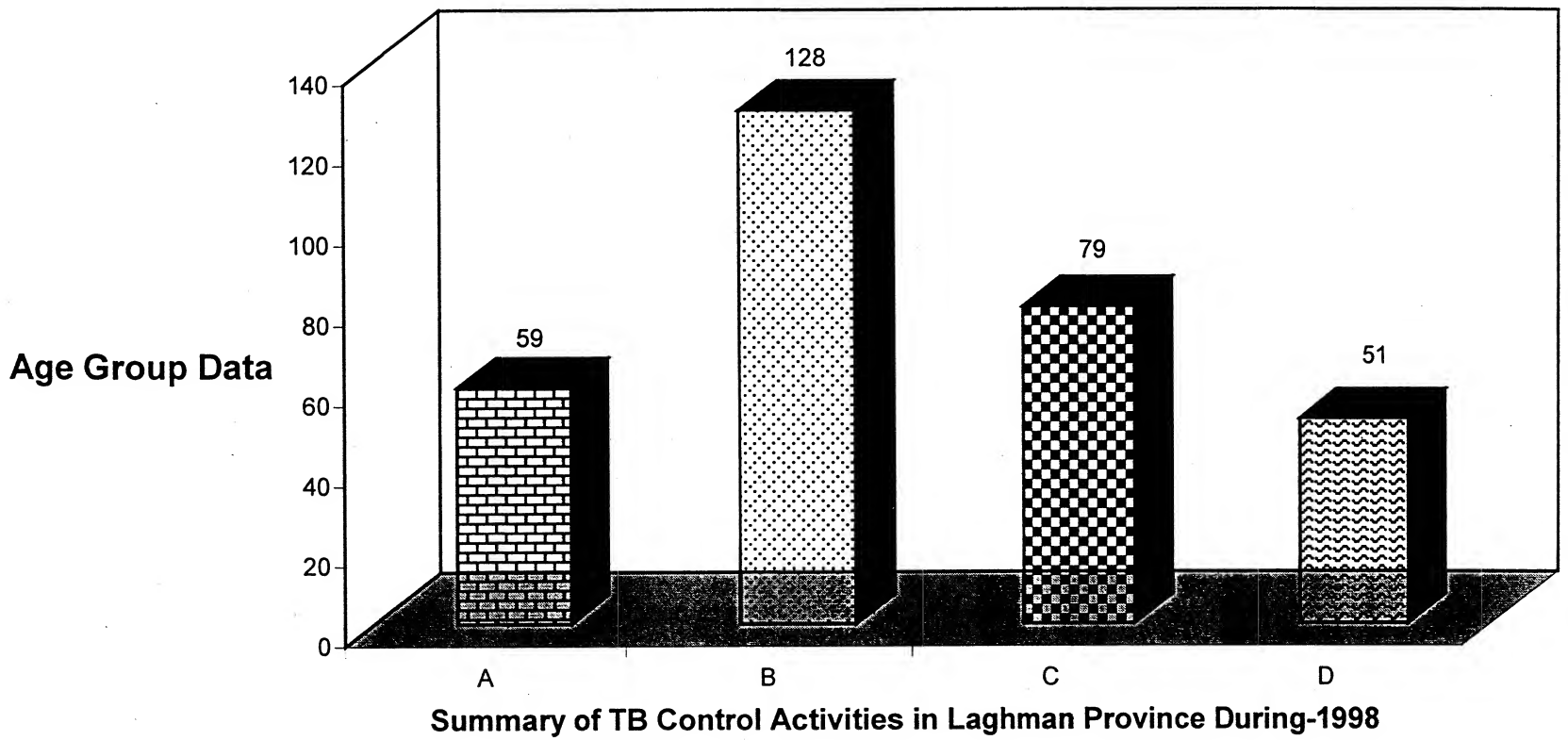
Anti Tuberculosis Association
Afghanistan Program
(ATA/AP)



Summary of TB Control Activities in Laghman Province During-1998

A = Male 154
B = Female 203

Anti Tuberculosis Association
Afghanistan Program
(ATA/AP)



Summary of TB Control Activities in Laghman Province During-1998

A =	00-------15 Years	95
B =	15--------30 Years	197
C =	30--------45 Years	196
D =	45--------60 Years	107

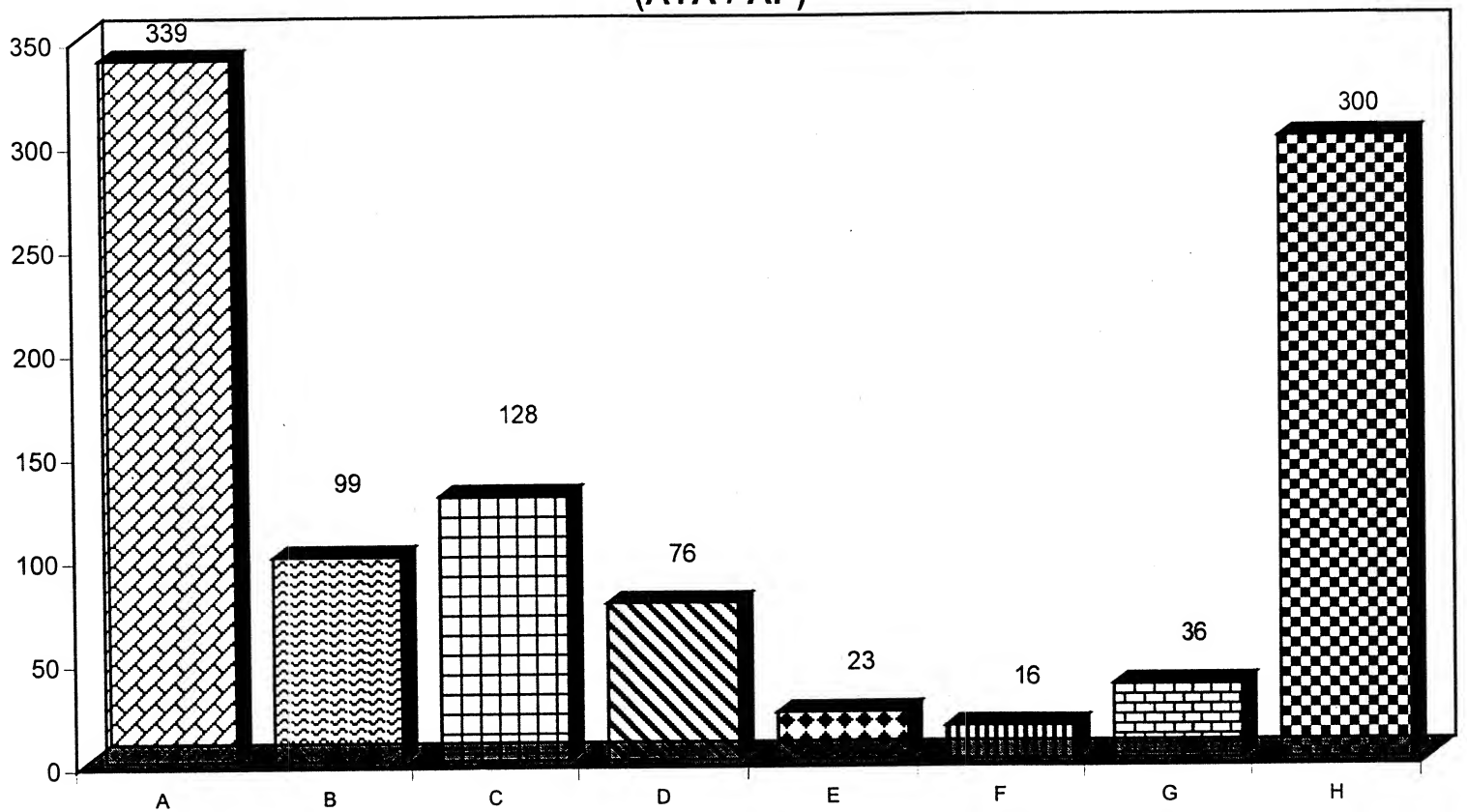
Summary of TB Control Activities in Burgematal Nooristan Province during –1998

1.	Total Patients Attended the Hospital and Sub-Centers		2456
2.	Total Patients Detected		339
	a. Male	121	
	b. Female	218	
3.	Total Sputum Positive Pulmonary TB		99
4.	Total Sputum Negative Pulmonary TB		128
5.	Total Extra Pulmonary TB		76
6.	Total Patients Transferred in		36
7.	Total Patients Cured		23
8.	Total Patients Defaulted		16
9.	Total Patients Remained under treatment by the end of 1998		300

Age Group Data

Age group data	No
00-15 Years	42
15-30 Years	86
30-45 Years	93
45-60 Years	79
Total	300

Anti Tuberculosis Association
Afghanistan Program
(ATA / AP)

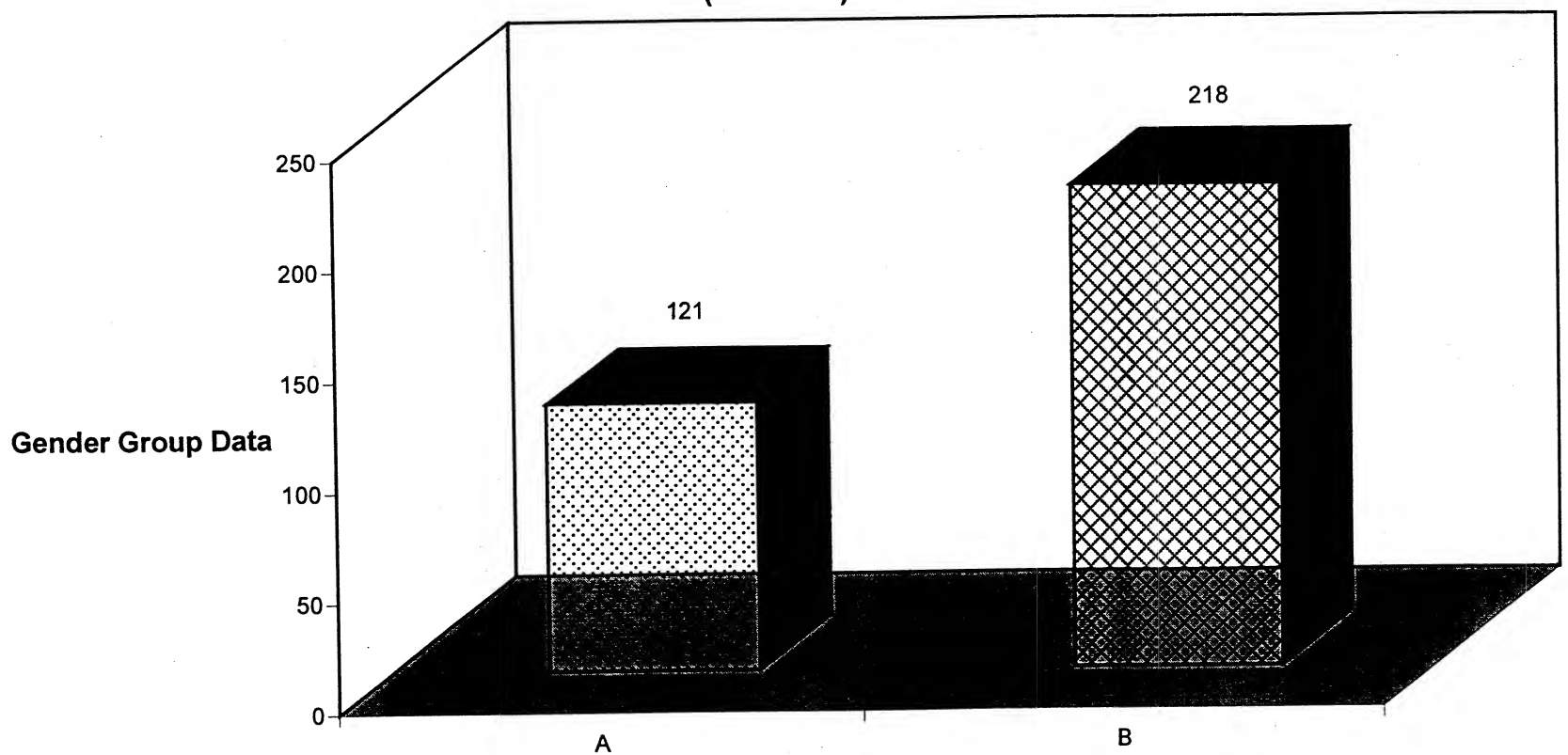


Summary of TB Control Activities in Burgematal (Nooristan)

A = Total Patients Detected
B = Total Sputum Positive Pulmonary TB
C = Total Sputum Negative Pulmonary TB
D = Total Extra Pulmonary TB

E = Total Patients Cured
F = Total Patients Defaulted
G = Total Patients Transferred in
H = Total Patients Remained Under Treatment by the end of 1998

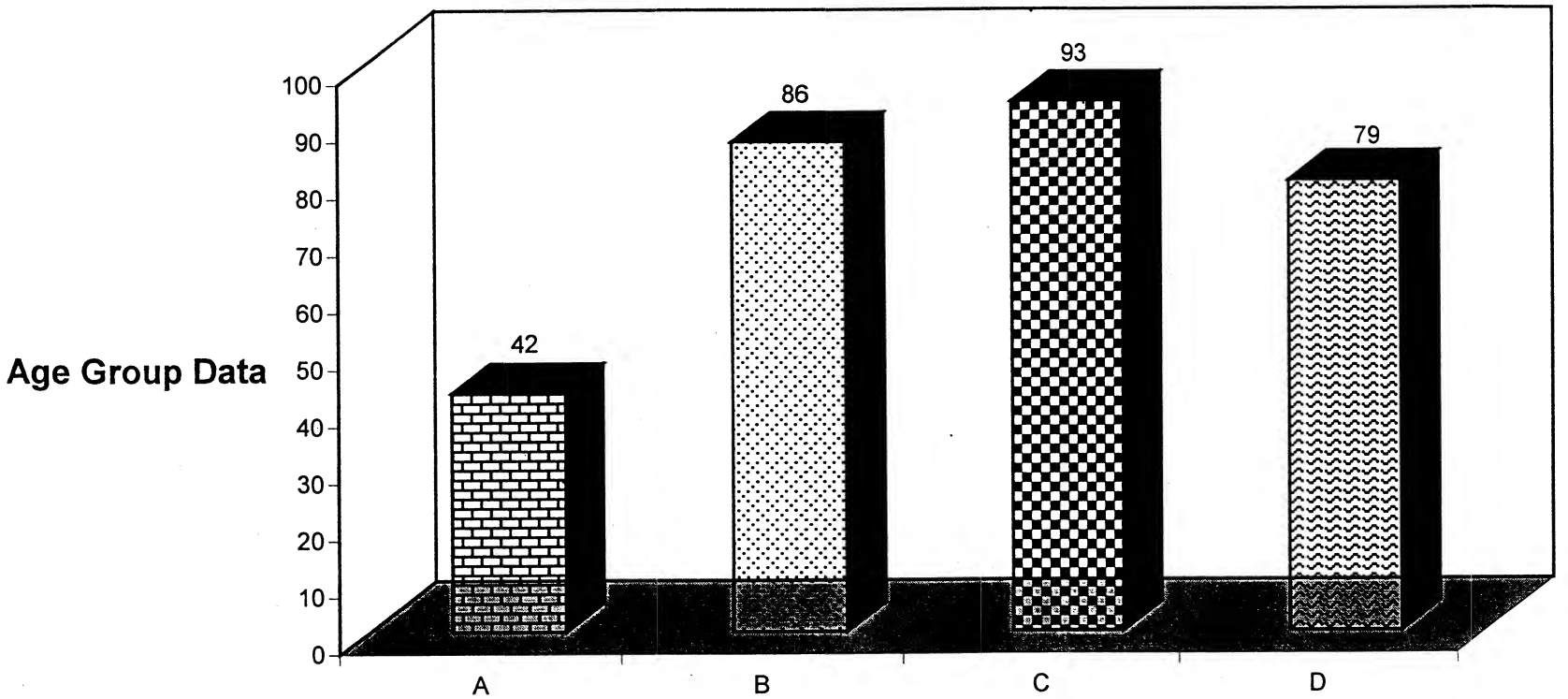
Anti Tuberculosis Association
Afghanistan Program
(ATA/AP)



Summary of TB Control Activities in Burgematal (Nooristan) During-1998

A = Male 121
B = Female 218

Anti Tuberculosis Association
Afghanistan Program
(ATA/AP)



Summary of TB Control Activities in Burgematal (Nooristan) During-1998

A = 00-------15 Years	95
B = 15--------30 Years	197
C = 30--------45 Years	196
D = 45--------60 Years	107

FIVE YEAR PLAN

Budget for Five Years

S.No	Projects	YEARS					Total Budget For 5 Years
		1998	1999	2000	2001	2002	
1	TB Clinic in Nooristan	2,330,800	1,300,800	1,300,800	1,300,800	1,300,800	7,534,000
2	TB Clinic in Laghman	2,330,800	1,300,800	1,300,800	1,300,800	1,300,800	7,534,000
3	TB Clinic in Khogiani		2,330,800	1,300,800	1,300,800	1,300,800	6,233,200
4	3 TB Sub Centers in Nooristan		0	282,000	162,000	162,000	606,000
5	4 TB Sub Centers in Laghman		0	376,000	216,000	216,000	808,000
6	3 TB Sub Centers in Khogiani		0	282,000	162,000	162,000	606,000
7	Isolation Ward in Nooristan		0	382,000	339,600	339,600	1,061,200
8	Isolation Ward in Laghman		0	321,000	339,600	339,600	1,000,200
9	Culture Laboratory in Jalalabad		1,752,000	522,000	522,000	522,000	3,318,000
10	Coordination Office in Jalalabad	1,368,000	438,000	438,000	438,000	438,000	3,120,000
11	Evaluation of the Plan		0	0	0	100,000	100,000
	Total RS.	6,029,600	7,122,400	6,505,400	6,081,600	6,181,600	
					Grand Total for 5 Years	RS.	31,920,600

Summary of E P I activities in Kunar and Nooristan
From 1st Jan to 31st May - 99

a. Total Children vaccinated

1.	B. C. G.	7343
2.	D.P.T.	6662
3.	Polio	6505
4.	Measles	5978

b. Total Women Vaccinated (15 – 45 years)

1.	TT1	2819
2.	TT2	3082
3.	TT3	2977
4.	TT4	1877
5.	TT5	1077

Note:

Acceleration program for Polio vaccination was conducted during March and June, 99 in Kunar and Nooristan